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SO PO	ge 3
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 1 may be retained by the hospital of rading physician. TO FUNERAL DIRECTOR: After this control has been signed by the attending physician and complete. Red in by the funeral director.	page 3 should be detached for use as the buriol-transit permit. Then please remove northon paper the registrar prior to burial, cremotion, or removal, and in any event within 72 hours after death.
VS A1:	5 (4)

	* (3033	3 CERTIFIC	CATE OF DE	ATH			Reg. D	ist. No	•	
1. PLACE OF DEATH o. COUNTY HOWEL	rd		MARYLANE	2. USUAL RESIDER 6. STATE Maryland	ICE (When	e deceased live	d. If institution b. COUNTY		nce befo	ore odmis	sion)
B. CITY OR TOWN (III RURAL ond give no Ellicott	de autside corporate linearest lown)	nits, write D 4	c. LENGTH OF STAY IN 11	c. CITY OR TO	-	ity	imils, write R		give ne	grest lows	n)
d. NAME OF HOSPIT. OR INSTITUTION Route 40	AL (If not in hospital,	give street	address)	d. STREET ADD	RESS 40)		-			SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	WILLIAM	irst Liele	Middle CARTER	Lost		4. DATE OF DEATH	July 1		58	•	Year 19
5. SEX Male	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED DIVORCED	8. DATE OF BIRTH	74	9. A 82	GE (In years st birthday) yrs.	Months Months	R 1 YEAR	Hours Hours	ER 24 HRS. Min.
106. USUAL OCCUPATIO during most of work Retired	IN (Give kind of work ing life, even if retire	1) (Farm Owner	Virgi		r fareign country	r)	12. €	TIZEN C	F WHAT	COUNTRY
13. FATHER'S NAME Lemnel	G.Carter			14. MOTHER'S M.		Carson					
15. WAS DECEASEDEVER	R IN U. S. ARMED FO	service)		informant (rs. Lottle	Crit	zer,Ell	Add		, Md		
	TH [Enter only one of TH WAS CAUSED BY: IMMEDIATE CAUSE [1/0	ne for (o), (b), and (c).]	emonto	re	1			INT	ERVAL BE	TWEEN DEATH
Conditions, if or	nmediale	b)	2								0
couse (a), staling I lying couse lost,	he under-	Mre	Esischento						14	ye	ass
ZY ZY	ER SIGNIFICANT CO	yditions o	CONTRIBUTING TO DEATH B	UT NOT RELATED TO TH	IE TERMIN	AL DISEASE CO	NDITION GIV	EN IN PA	RT 1(a)	PERFC	AUTOPSY DRMED?
	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE50	CRIBE HOW INJURY OCCUR	RED. (Enter nature of it	ijury in Pa	ert I ar Port II al	ilem 18.)	4			
ZOc. TIME OF INJURY Hour a. m. p. m.	Y Month, Day, Yo	White at worl	Nat while	PLACE OF INJURY (Har factory, street, affice bi	ne, form, dg., etc.)	20f. (City or to	swn)		(County)		(State)
21. I certify the alive an	of I attended the	decease 19 Jas	cu ii dili	th accurred at 2	OR,	M, from the DORESS (Street,	e causes o	and an		te state	deceased ed abave ATE SIGNES
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION	N 22b. DATE THEFE	OF.	22c. NAME OF CEMETERY	OS CSEMATORY		12d. LOCATION	(City tame)	mr against 1		164	
Burial (Specify)	7-21-5		Family			Covi	ngton,	Va.		(Stat	e)
23. FUNERAL DIRECTOR'S		ott Ci	ADDRESS Lty.Md.		ia. REC'D	BY REGISTRAR	24 REGI	1	web		

	Manager Control			
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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

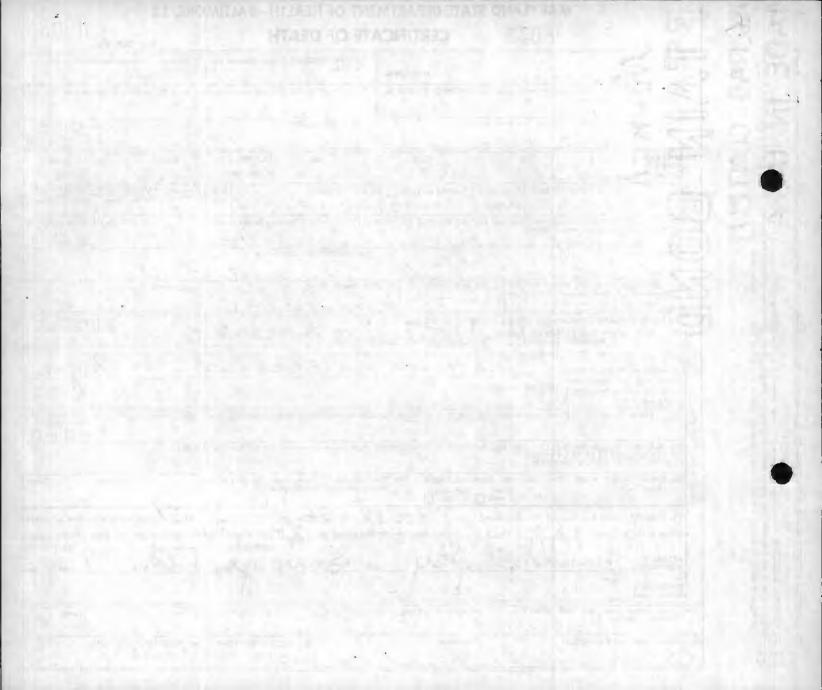
8034 CERTIFICATE OF DEATH

Reg Dist No.

	Reg. Dist, 140.
1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATE b. COUNTY
Howard	Maryland Howard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **Marriottsville**
Marriottsville	N. C.
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Alpha	d. STREET ADDRESS a. 15 RESIDENCE ON A FARM? YES NO
DECEASED	OF DEATH July 6.1958 19
	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	7-8-1884 T3 yrs. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	
during most of working life, even if retired)	
Merchant Gen. Mdse	Highland, Md
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wilbur F.Cissel	Clara Brown
	INFORMANT Address
No.	B. Brown Cissel, Marriottsville, 16
18. CAUSE OF DEATH [Enter only one couse perdine for (a), (b), and (c).]	/ INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET, AND DEATH
MMEDIATE CAUSE (6)	cular Accident 4 mo.
5017 DUE TO	449
Conditions, if ony, which (b)	
gove rise to immediate couse (a), stating the under DUE TO	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
ATIC	PERFORMED?
200 ACCIDENT WAS UNDERLYING TO 200, DESCRIBE HOW INJURY OCCUPRE	ED. (Enter noture of injury in Port I or Port II of item IB.)
OR CONTRIBUTING (I) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
2	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
Not voite p. m. 19 of work of work	ciory, sirear, ornice orage, and,
	2018 4-144. 6 1056 114.
21. I certify that I attended the deceased from TED. 9	1938, to 1014 6, 1958, that I last saw the deceased
alive on June 14, 1938, and that death	
200114	ADDRESS (Street, city or town, state) DATE SIGNED
SIGNATURE Momas d. Herbert	M.D. 40 Church 12d 17/58
PHYSICIAN'S Thomas F. Herbert, M.D.	Ellicott GI vid
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	DR CREMATORY 22d. LOCATION (City, lown, or county) (Stole)
_REMOVAL (Specify)	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
_	
F.C. Higinbothom, Ellicott City, Md	DATE JUL 8 '58 Clehesuch

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



FOR STATE HEALTH-DEPT.

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TO DEPUTY MEDICAL EXAMINER: The certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the red pending in pendit in them. 18. Give Pages 1, 2, and 3 to 2 funeral director. Page 4 should be forwarded to the Chi. Medical Examiner's Office along with form PM3. Page 5 may trained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board of Hamilton or its designated agent, prior to buriol, cremation, or removal, and in any event within 72 hours ofter death.

VS A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO 8036 MEDICAL EXAMINER'S CERTIFICATE OF DEA

RE, 1	08034
TH	,
	Reg. Dist. No.
	ian: Residence befare admission)
COUNTY	Anne Arundel
s, write	RURAL and give nearest town)
2	x_2
	e is residence on a farm? YES \(\) NO
Month	- Day Year
v 2	1.1958
years	IF UNDER TYEAR IF UNDER 24 HRS.
yrs.	Months Days Hours Min.
	12, CITIZEN OF WHAT COUNTRY?
	U.S.A.
1)e	c \
Address	
, M	aryland
	INTERVAL BETWEEN
	Instant
	14
ON GIV	EN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES \(\bar{\}\) NO \(\bar{\}\)

g. COUNTY			MARYLAND	a STATE Mary	land.	b. COUNTY Ann	
	(14 outside corporate limits, wri	THE RURAL C. LENC	TH OF STAY IN 16	c. CITY OR TOWN (IF		imits, write RURAL and	
and give negrest fow	vn)			Harmans		02x 2	
d NAME OF HOSPI	ITAL OR INSTITUTION	(If not in hospital, give	s street oddress)	d. STREET ADDRESS		0 2 4 - 1	e IS RESIDENCE
	Concrete P			2-Hanford	Drive		YES NO
3. NAME OF		int	Middle	Last	4. DATE	Month -	Day Year
(Type or print)	TABLE.	XXXXX	FADOR		OF DEATH J	ulv 21.195	19
5. SEX	6. COLOR OR RACE	7. MARRIED N	EVER MARRIED B	DATE OF BIRTH	9. AGI	(In years IF UNDER	TYEAR IF UNDER 24 HKS
Male	White	WIDOWED	DIVORCED A	ugust 2.1922	35	yrs. Manths	Days Hours Min.
during mast of wark	ION (Give kind of work ing life, even if retired))	BUSINESS OR INDUST	RY 11, BIRTHPLACE (State	or foreign country)		ZEN OF WHAT COUNTRY
Welder	r	lau. Whi	pe Co.		rgina	10.	S.A.
13. FATHER'S NAME	7 / 5	,		14. MOTHER'S MAIDEN N	1	1	
	der (Dec		reiner La Time		nown '	Wec	
(Yes, no, or unknown)	VER IN U. S. ARMED FO			VFORMANT	TT	Address	
Yes	War 11			ike Fador-	Harmar	ns, Maryl	7
	ATH Enter only one co	ouse per line far (a), (b	o), and (c). }				ONSET AND DEATH
PART I, DE	ATH WAS CAUSED BY:	o) Compound	i Comminu	ted Skull Fra	acture		Instant
9/2.	DUE TO						
Canditions, if		ы					
gave rise to imm (a), stating the							
cause lost.		(c)					
PART II. OT				OT RELATED TO THE TERM			YES NO
200. EXTERNAL CA	AUSE WAS	206. DESCRIBE HOW IN	NJURY OCCURRED. (E	inter nature of injury in Par	ock struck	victim i	head
	1.	Room on c	rane buckl	ed while lift	ting larg	e concrete	pipe
9	URY Month, Day, Yi		1 1-11	CE OF INJURY (Home, film ory, street, affice bldg., etc.	n. 20f. (City or low	n) (Car	inly) (State)
5.20PM		9 at wark I at		actory	Jess	ups Howard	i Md
21. I certify	that I took charg	e of the remain	s described obo	ve, held on Autops	y . Inspec	tion 📆, Inqui	y K. and in my
opinion deal	resulted from:	Natural couses	Accident	XI. Suicide II.	Homicide .	Undetermined	monnes [7]
7	plant, it	1	4				HOHHEL
	DIC	1600	a. A				
ACTUAL	buald & t	tile.	nus	CHIEF MEDICAL E	KAMINER [DATE SIGNED
ACTUAL	buald & t	tiple	nes	M.D. CHIEF MEDICAL EX			
	buald E. Fis	tiple sher M.D.	nd	M.D.	AL EXAMINER		
EXAMINER'S NAME (Type) I	ION. 226. DATE THERE		ME OF CEMETERY OR	ASSISTANT MEDICAL	AL EXAMINER EXAMINER	City, town, or county)	
EXAMINER'S I	ION. 226. DATE THERE	EOF 22c. NAI	., 1	ASSISTANT MEDIC DEPUTY MEDICAL CREMATORY	AL EXAMINER EXAMINER	City, fown, or county) 1 - Par	DATE SIGNED
EXAMINER'S NAME (Type) I	ION. 226. DATE THERE	EOF 220. NAV	ME OF CEMETERY OR	ASSISTANT MEDICAL DEPUTY MEDICAL CREMATORY COM STORY	AL EXAMINER EXAMINER	City, fown, or county) O - Pot 24b, REGISTRAR'S SIG	DATE SIGNED 7-21-58 (Stote)

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8037 MEDICAL EXAMINER'S CERT

100125

IFICATE	OF DE	ATH	110113	9
			Reg. Dist. No.	
RESIDENCE (Where			lion: Residence before a	K

4. !	PLACE OF DEATH	Howard		MARYLA	0.57/	A RESIDENCE		ed lived. If institu b. COUNT	tion Resident Howa		e admission)
E	o. CITY OR TOWN (If and give nearest town	outside corporate finith, with Jessup (R	ural) c. LE	NGTH OF STAY IN	1b c. C11	-	up (Ru	porote limits, write ral)	RURAL and	give neo	rest fown)
-	I. NAME OF HOSPIT	AL OR INSTITUTION (f not in hospital, c	give street oddress)	d. ST	REET ADDRESS	S				ON A FAR
- 4	NAME OF DECEASED (Type or print)	George	Rice	Middle Hickm	an	Losi	4. DATE OF DEATH	July 3		Day	Year 19
5. 5	M M	6. COLOR OR RACE	7. MARRIED A	NEVER MARRIED [BIRTH 1 2, 1	890	9. AGE (In years legs birthday) OO yrs.	- 1		lours Min.
13.	during most of workin Carpente FATHER'S NAME Georg	ON (Give kind of work g life, even if retired) Pe Hickman ER IN U. S. ARMED FO Mi yes, give war or detes of	General Genera	al constr	uction 14. MOTI	Hawki HER'S MAIDER	ns Co.,	Tennesse Address		SA_	WHAT COUN
	no	TH [Enter only one cou		(h) red (c) }	Mrs. A	nnie H	ichman,	Jessup,	Maryl	Special Control of the last	L BETWEEN
	PART I. DEATH WAS CAUSED BY: Coronary thrombosis									instant	
~	Conditions, if or gave rise to immed (a), stating the scause last.	diote cause underlying DUE TO		ensive va							vears
ATTON	PART II, OIF	ier significant con	DITIONS CONTRIB	UTING TO DEATH	IUI NOI RELAIE	D TO THE TEL	RMINAL DISEAS	E CONDITION GIV	EN IN PART		WAS AUTOP PERFORMEDI
CERTIFICATION	200. EXTERNAL CAL PRIMARY or CON CAUSE OF DEATH.	USE WAS TRIBUTING 120	b. DESCRIBE HOW	INJURY OCCURRE	D. (Enter noture	of injury in I	Part I or Part II	of item 18.)			
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yeo	While	OCCURRED 20e. Not white of work	PLACE OF INJU foctory, street,	JRY (Home, fr office bldg.,	orm, 20f. (City efc.)	or tawn)	(Cour	ity)	(Sto
		nat I taak charge from: Natural			Suicide	, Homici		nspection £ , ndetermined c			and find
	EXAMINER'S NAME (Type)	George E. B	urgtorf	7 7			DICAL EXAMINER		7 3, 1	958	
220	BURIAL CREMATIO REMOVAL (Specify) Burial	July 5		vage, Cemetery		RY	Save	TION (City, town, o			(Stote)
23.	FUNTERAL DIRECTOR	S SIGNATURE	lean &	aurel	Mod	240. RE	EC'D BY REGIST		STAR'S SIGI	NATURE	

VS. A15ME(5) 5M 9/55

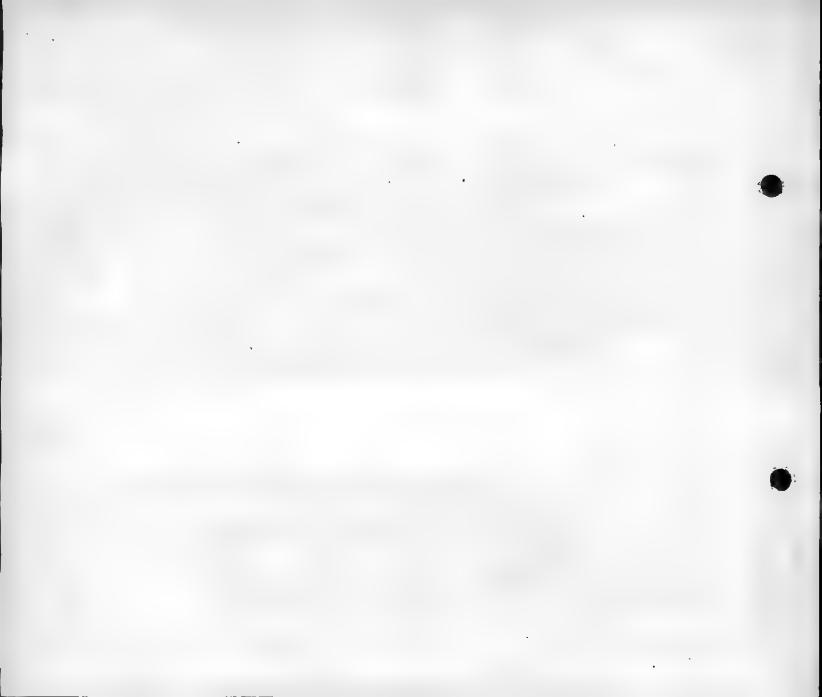
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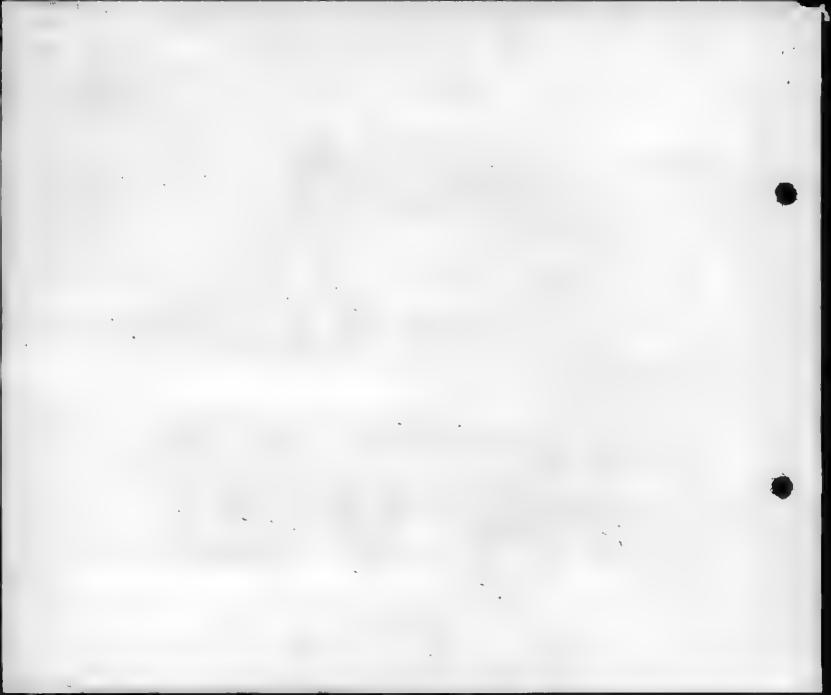
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FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the condition of "pending" in pendi in them 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Ch. Aedical Examiner's Office along with form PM3. Page 5 may plained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with State Board of Health, an its designated agent, prior to burial, cremation, or removal, and time them within 72 hours after death. m E

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8038 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY 24	2. USUAL RESIDENCE (Where deceased I ved It institution Residence before admission)
G. COUNTY HOWARD CO, MARYLAND	. STATE HOWATE QBCOUNTY Md.
b. CITY OR TOWN (I outlide corporate I m ts. write RURAL ond give neares town)	c. CITY OR TOWN (It autside corporate fimits, write RURAL and give neosest town)
ELLICOTT CITY 34rs	X ELLICOTT CYTY
d NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give street address)	STREET ADDRESS e IS RE JOENCE ON A FARM?
High Kidge Rd.	HIGH RIDGE Ka YES NO X
3. NAME OF Print Middle Middle	Loss DATE Month Doy Year
(Type or print) TAURICE R. HOOPER	DEATH //2/58 19
na lat	OATE OR BIRTH 9 AGE (In years leat b chiday) Months Days Haurs Min
MIDOWED DIVORCED	191900 58 411.
100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)	IRY II BIRTHPLACE (Stote or foreign country) 12, CITIZEN OF WHAT COUNTRY?
Mechanic Metal Seal Co	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MAURICE R. HOOPER	CATHERINE
[Yes, no, as unknown] [1 yes, give war or dates at service]	NFORMANT Address
Note	IRS. MARGURET A. HoopER
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I, DEATH WAS CAUSED BY.	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (0) LIZOULLI	Lumbers 15 nm.
420, DUE TO 7 1.	1 to be 12 1 Dil a
Conditions, if ony, which gave rise to immediate cause	Cardio-Vascular Deres 2425.
(a), staling the underlying DUE TO	*
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	PERFORMED?
200. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (YES NO TE
206. EXTERNAL CAUSE WAS 206 DESCRIBE HOW INJURY OCCURRED (I	THE POWER OF THE POST
	CE OF INJURY (Home, form, 120f. (City or town) (County) (State)
3 20c, TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20c. PLA Hour o. m. p. m. 19 While Not while of work of work	tory, street, office bldg., etc.)
21. I certify that I took charge of the remains described abo	ive, held an Autopsy , Inspection X, Inquiry X, and in my
opinion death resulted from. Natural causes 🗷. Accident	Suicide , Homicide . Undetermined manner
4/1	
SIGNATURE Zinge & Suntert	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
The state of the s	ASSISTANT MEDICAL EXAMINER ()
EXAMINER'S GEORGE E. BURGTORF	H. Deputy medical examiner 1 1 3/3 8
220. BURIAL, CREMATION. 226 DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d, LOCATION (City, Iown, or county) (Slote)
CREMATION 7/5/58 LOUDON PARK	BALTIMORE MO.
73. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246. REC'D BY REGISTRAN 246 REGISTRAN'S SIGNATURE
MACNAPOSSON CATONSVILLE -	DATE JUL 7 '58 Cle Leaven





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O HOSPITAL OR ATTEMBLIG PRYSICIAN: The lom magnines that the death certificate be exampled within 24 hours ofter death. Pageto.	recte	3	1
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Cer	g.	e ren	72 1
Jeoth	hendi	Spelc	ithin
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that	by #	F	y eve
ires	Jed.	erm.	the registrar prior to burial, cremation, or remayol, and in any event within 72 hours ofter death.
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The	ng pol	ourio	ema
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9	P. S.	age.	de re
2	moy be retained by the hospitation or making physicion. TO FUNERAL DIRECTOR: After this in cate has been signed by the attending physicion and complete miled in by the funeral director,	Sc page 3 should be detached for use the buriot-transit permit. Then please remays carbon papers. Fig. 1 and 2 should be filled with	-
1	S A15 SM 9/	(4) 55	

	o. COUNTY Howard			MARYLA	ND	2. USUAL RESIDENCE (Where deceased lived. If institution-Residence before admission) p. STATE b. COUNTY Howard								
	b. CITY OR TOWN (If RURAL and give new	outside corporate limi arest lawn)	is, write	c LENGTH OF STAY IN	1Ь	c. CITY OR T	TOWN (If o		ote limits, write	RURAL and g	ve near	rest town	1	
	Ellicott						Lcott	City						
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, (ive street	address)		d. STREET A		D 1					FARM?	
_		Road				Ke	erger	Koad				YES 🗌	ио 🔀	
	NAME OF DECEASED (Type or print)	e William	si GEORO	Middle MARTIN	1	Los	it	4. DATE OF DEATH	July	11,195	Day		lear	
5	SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIED	D 8	DATE OF BIRTI	Н		9. AGE (In yeo	IF UNDER	-			
	Male	White	WIDOWE	DIVORCED		531897	5		66 y		Days	Hours	Min.	
10c	. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11 BIRTHPL	ACE (Stote o	ar foreign ca	untry)	12. CITI	CEN O	F WHAT	COUNTRY	
	Retired	ng me, even n rentee		lectrical		Long	don En	ngland			11	SA		
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME			<u> </u>			
	George	Martin					? Caps	teck						
	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, IN	FORMANT			Ac	Idress				
	No			212-07-3424	Mr	a,Alice	A. Mar	tin,E	llicott	City, M	d			
	18. CAUSE OF DEAT	TH [Enter only one co	use per lir	ne for (o), (b), and (c).)							INTE	RVAL BET	IWEEN	
	PART I. DEAT	H WAS CAUSED BY:	CAR	CHOMP O	F	DRINAR	ZY B	1407	750			ET AND	DEATH	
	1 .0	DUE TO					- (, (120	7615		 '	<u>~ 7</u>	<u> </u>	
			10.55	of he come	1 C:	CARC	11/3/	1101	NER L	13,300				
	Conditions, if an gove rise to im	mediate	1/4/47	(Malk)				-	4411,2		-	-		
	couse (a), stoting (he under-	DILL	MANDAL	1=	MPHY	1000	10			100	4,800	110	
7	lying couse fost.) (c	1-01-1	-www.c/										
Ñ.	PART II. OTHI	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH	BUT N	OT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION C	IVEN IN PART	1(0) 19	PERFOR	RMED?	
ర్జ													NO 1	
CERTIFICATION	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY, A	UNDERLYING DEATH MEDICAL EXAMINER)	206. DESC	ERIBE HOW INJURY OCC	WRRED.	(Enter noture of	finjury in P	ort I or Port	II of item 18.)					
3	20c. TIME OF INJURY	Month, Day, Ye	ar 20d. II	NJURY OCCURRED 20	e. PLA	CE OF INJURY (Home, farm,	20f. (City	or town)	IC	ounty)		(State)	
MEDICAL	Hour 'd." n. p. m.	19	While of work	Not while	foci	ory, street, office	bldg., etc.)		·	,	,,		(====)	
	21. I contify the	at I attended the	decease	ad from 15 AP	PIL	10 54	1 40 11 5	THEY	10.	that I lo			4	
	alive an	JULY	10 4		4			74.						
	Glive dil	1	1-5/	and that d	eath (accurrea at: ^			the causes		e date	e state	d abave	
	ACTUAL SIGNATURE	bin DU	47	T. W. O	CK) /	00		(1.1)	211	1	ANS 1		
	SIGNATURE_D	anne	-/	24-10-	M	.b	1200	ence	ريار	1ug		1-1	2 28	
	PHYSICIAN'S NAME (Type)	CHAND	E.	FISHE	12 1	4.00	E1-1-	1007	76	ITY		MI	>,	
220	BURIAL, CREMATION REMOVAL (Specify)	22b. DATE THEREC)F	22c. NAME OF CEMETE	RY OR	CREMATORY		22d. LOCATI	ON (City, town	, or county)		(Stote)	
	Cremation	7-14-58		Loudon	Par	k		Baltin	nore . Md					
23.	FUNERAL DIRECTOR'S			ADDRESS			24a REC'D		AR 246. REG	STRAR'S SIGI	VATURE	E //		
F	C. Higinbo	thom. Ellio	ott (City.Md.			DATE	JUL 1 5	50	Wife	ue	h		



TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. Any this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

IOSPITAL: The law requires that the de The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8041 CERTIFICATE OF DEATH

		,	teg. Dist. No
1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF	DECRASED
COUNTY Haward	MARYLAND	STATE Marylandcounty	Haward
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside corporate limits, write RURAL	end give necrest town)
OR and give neterest town)	(in this place)	HITOWN Lol.	
HOSPITAL OR	Mylan		Ive location)
INSTITUTION OR STREET ADDRESS	ROOD	ADDRESS //	130-1
3. NAME OF (First)	(Middle)	(Last) 4. DATE (Mi	onth) (Day) (Yeer)
DECEASED (Type or Print)	P	DEATH	111 (0 58
S. SEX 6. COLOR OR SUNGLE MA	ARRIED. 8. BATE O	men y	IPONDER 1 YEAR IF UNDER 24 HI
RACE WIDOWED,	DIVORCED,	215 1895 63 m	Months Days Hours Min
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if	OR INDUSTRY	11. BIRTHPLACE (Stala or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired aunter	noturete	North Carolina	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
embran		unknown	,
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no, og unk.) (If Yes, give war or dates of service)	218-05-50	12 Mars Margaret	Pelin Lau
inknown.	18. MEDICAL CER		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	тн с		ONSET AND DEATH
434 / IMMEDIATE CAUSE (A)	W12811/12	Sulling, M	
ANTECEDENT CAUSE(S) DUE TO	D. C.	into A all the	6.
DISEASES OR CONDITIONS, IF ANY, (B)	were men	my I were Jam	w
GIVING RISE TO THE ABOVE CAUSE DUE TO		7	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH. 194. DATE OF OPERATION 196. MAJOR FINDIN	CCS OF OPERATION		2D. AUTOPSY?
176. DATE OF OPERATION	193 OF OFERANON		YES NO
	tome, farm, factory, est, office bldg., etc.)	tic. WHERE DID INJURY OCCUR? (City or town)	(County) (Stelle)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		211. HOW DID INJURY OCCUR?	`
	While Not while at work	11	
22. I hereby certify that I attended the de	cossed from tuck	19 7 10 WW 0 190	
	and that death occurred at	(h.>nl	
alignature	and that death occurred at	ADDRESS (Stell, tity, to	evn, steta) DATE SIGNS
Total to your	Luce M.O.	3/1 Khowe buil Yusa	2 Dalan July
23. BURIAL CREMATION DATE THEREOF	NAME OF CEMETERY OR		wn, or county) (State)
REMOVAL (SPECIEV)	1 th +1 .	11,0 (10-3	1 11 7
24. REC'D BY REGISTRAR REGISTRAR'S SIGNAT	JO senthere	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
11 1 0 58		1 1/1/17 11 11	
DATE WINE I U DO QUE A		1 WWILL Hand	en Munal II



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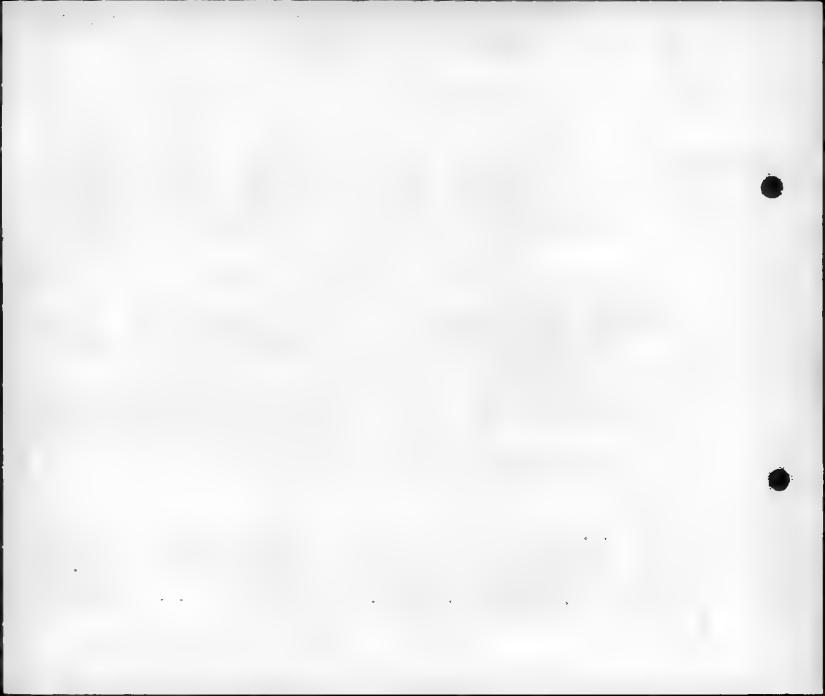
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8042 CERTIFICATE OF DEATH

_		Keg. Dist. 14a.
1.	1. PLACE OF DEATH O. COUNTY HOWALLAND 2. 1	DSUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Description: Residence before admission)
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) How the second to the second town to the second to the second town town to the seco	c. CITY OR TOWN [If autside carporate limits, write RURAL and give nearest town]
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES \(\text{NO} \) NO
	3. NAME OF DECEASED (Type or print) Mayy First T Reve	Hand A DATE Month Day Year DEATH July 7 1958
	Flemule Whate WIDOWED DIVORCED 1	ore 9 1877 9. AGE (in years lest birthday) Manths Days Haurs Man.
) L	during most of working life, even if retired) House	11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? 12 S. A.
	Joseph Helby	Maly Himls
150	11 yes, give wor or data of service) Title Mrs.	Lydney Renefice Stykering met
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Adenocarcinom	a of right parotid gland INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cottse (a), stating the under DUE TO	
Š	lying cause last. (c)	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ter nature of injury in Part 1 or Part II of item 18.]
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE C	OF INJURY (Home, form, street, affice bldg., etc.) (City or tawn) (County) (State)
*	21. I certify that I attended the deceased from 1935	, 19 , ta 7.7.58 , 19 , that I last saw the deceased urred at 12:01PM, from the causes and an the date stated above.
	ACTUAL SIGNATURE M.D.	ADDRESS (Street, city or town, state) Liberty Road at Eldersburg 7.7.58
-	PHYSICIAN'S NAME (Type) Wm. H. LAWSON, Jr., M.D.	Sykesville, P.O., Maryland
L	220 BURIAL CREMATION, BEHOVAL (Specify) 7-9-58 PEW ("ATRICA")	deal Buttonere, mid.
23	Muther A. Halght Stylesulle.	DATEJUL 1 0 '58 Cin Educa

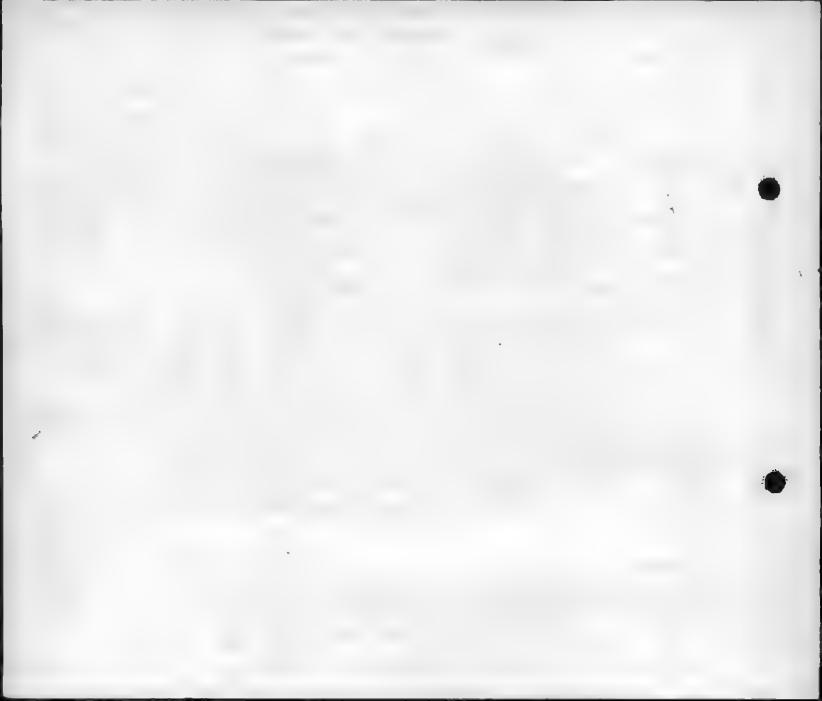


-	DEPARTMEN		ALTIMORE,	18

8043	CERTIFICATE	OF DEATH

1)8041

L	Reg. Dist, No.
1	PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) o. STATE b. COUNTY Ann Ar under
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and of the nearest town. LENGTH OF STAY IN 16 C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 16 C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital property) of STREET ADDRESS OR INSTITUTION OF INSTITUTION OF A FARM? VES [] NO []
3.	NAME OF DECEASED (Type or print) MFIARY Middle RUPPERT OF DEATH JULY 25 1958
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED B. DATO OF BIRTH VIDOR 14 1897 P. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS (ast Virthary) Months Days Hours Min
L	during roos of warking life, even if retired) Lame What OCCUPATION (Give kind of wark done 10b. KIND/OF BUSINESS OR INDUSTRY 11. BIRTHPLACE ISlate of foreign country) Lame Richmond, Va. 12 CITIZEN OF WHAT COUNTRY Lame Lower Country Va.
13	ENTHER'S NAME
15. (Ye	was DeceaseDever in U S ARMED FORCES? 16. SOCIAL SECURITY NO 112 INFORMANT Marie Recky Heavy, Med
	PART I, DEATH WAS CAUSED BY: [AND LATE CAUSE (a) GENERAL SECTION CONSERVAND, DEATH [MAMEDIATE CAUSE (a) GENERAL SECTION CONSERVAND, DEATH [
	Conditions, if any, which) Carcinoma of Breast, Rt 14t.
	gave rise to immediate couse (a), stating the under: lying couse last. C)
CATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES \(\sum no \(\sum \)
L CERTIFI	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED Hour a. m., p. m. 19 at work at wore work at
	21. I certify that I attended the deceased from 6-14, 19.58, to 7-25, 19.58, that I last saw the decease alive on 7-25, 19.58, and that death occurred at 7.59 M, from the causes and on the date stated above
	ACTUAL SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE M.D. RFU #1 JESSUP, Md. 725
	PHYSICIAN'S JOSE M. YOSUICO
220	BURIAL, CREMATION, 72. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Slote)
23.	FUNGRAL DIRECTOR'S SIGNATURE ADDRESS ACCURED MA 240. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE DATE WILL 20159



N

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F. C. Higinbothom, Ellicott City, Md.

ARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18

		8044	CERTIFICA	ATE OF DE	ATH		Reg. Dist. No	08042
1.	PLACE OF DEATH	VARD	MARYLAND	O. STATE	VE (Where decease		ne Residence bef	are admission)
	b. CITY OR TOWN (If o RURAL and give near	utside corporote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside corpo			earest town)
	m - 11.	ttv		RFD	Charles T	own.	85 X	-3
		(If not in hospital, give street AYLOR MANOR		d. STREET ADD	RESS			o. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	EDWARD	CARROLL	SHIT	4. DATE OF DEATH	trell		ly Year 1 19 58
	171	COLOR OR RACE 7. MARE WIDOW	ED DIVORCED	OCT 18		9. AGE (In years lost birthdoy) 80 yrs.	Months Days	R IF UNDER 24 HRS. Hours Min.
100	 USUAL OCCUPATION during most of working 	(Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLAC	E (State or foreign o	country)	12. CITIZEN	OF WHAT COUNTRY?
	pe Fitter F	Retired			er W. Va.		U	ISA
13.	FATHER'S NAME			14. MOTHER'S M	AIDEN NAME			
	Dennis Oli				ca Smith			
	was deceased ever in	N U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	NFORMANT		Addr	ess	
	No	1'	75-07-0518 Mr	s. Elmer 1	Wageley, R	FD Charle	a Town B	. Va
	PART I. DEATH		ne for (on (o), ond (c) 1	brembos	28		120	TERVAL BETWEEN ISET AND DEATH
-	cause (a), stating the lying cause last.	under: DUE TO ARL		ris gen		d, seu	en l	luxner
CATION	Servel E	PSG Cho-S	CONTRIBUTING TO DEATH BUT	NOT RELATED TO TH	TETERMINAL DISEAS	SE CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFI	200. ACCIDENT WAS OR CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTING THE CONTRIBUTION OF THE CONTRIBUTION O	UNDERLYING 20b. DESI I CAUSE OF DEATH EDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of i	in Port I or Po	t II of item 18.)		
MEDICA	20c. TIME OF INJURY Hour o.m. p. m.	Month, Day, Year 20d. If While of wor	Not white for	ACE OF INJURY (Ho clory, street, effice b	ne, form, 20f. (Citings, etc.)	y or town)	(County	} {Stote}
	21. I certify that	of attended the deceas	ed from July 58, and that death	17, 1958,	30 A M from	13/, 1950		aw the deceased of stated above.
	ACTUAL SIGNATURE	Dain J.	Lyla	M.D. Tage		ireel, city or lown.		DATE SIGNED 7-3/-58
-	PHYSICIAN'S RV	ING J. IA	Y LOK MD	V_	ilicali	Cely,	ud	
220	REMOVAL (Specify)	226. DATE THEREOF 8-2-58	ZZc. NAME OF CEMETERY O Edge H111	R CREMATORY		TION (City, flown, o		(State)
23.	FUNERAL DIRECTOR'S S		ADDRESS	2	lo. REC'D BY REGIS		THAR'S SIGNATU	AE.
	F.C. Higinbo	thom, Ellicott	City, Md.	0	ATE BIEG A	158 Cl	Assuel	^

VS A15 (4) 15M 9/55

5 12 1	THICKTE OF DEATH	WID		
	and the same			
			yes the	0.15Th
	S (M top)		elise auti	
	entities security		triville at	
official court ballets	CONTRACTOR SEC. TO A	-1-		
	please in the			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
8045 CERTIFICATE OF DEATH	08043
1. PLACE OF DEATH / 2. USUAL RESIDENCE (Where deceased lived. If institution: Resid	
o. COUNTY Harvard MARYLAND O. STATE M. b. COUNTY	Zames d
b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and BURAL and give nearest lown)	d give nearest town)
Kural - Jessup	
d NAME OF HOSPITAL (If hat in hasping), give street address) OF INSTITUTION OF A STREET ADDRESS A Short Blad	e. IS RESIDENCE ON A FARM? YES NO D
3. NAME OF DECEASED (Type or print) First Middle Lost 4. DATE OF DEATH Month	Day Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. ASE (In years IF UNDI	ER 1 YEAR IF UNDER 24 HRS
WIDOWED DIVORCED JAJAN 22 1899 - Vys. 1	Days Hours Min.
	TIZEN OF WHAT COUNTR
matel awar & apecatar matel Belgium	USA
13. FATHER'S NAME 1	
Grand I hip Louise Van Wer Unive	un
15. WAS DECEASED EVER IN U. S. ARMED FORCES? IN SOCIAL SECURITY NO. 17. INSORMANT Address Address	
1092-10-9149 June your 1 hys	
1B. CAUSE OF DEATH [Enter only one couse per line for (o). (b). ond (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (0) Celle Magacaraia inferction	
DUE TO AA	2
gove rise to immediate (b) Coronary alkerosclerosco	Dyro.
cause (a), stoting the under-	0
, 9	100 100 100 100 100 100 100 100 100 100
STATE OF THE PROPERTY CONDITION GIVEN IN PA	PERFORMED?
200. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enler nature of injury in Port I or Part II of item 18.)	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CONTRIBUTIN	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town)	(County) (State)
20c. TIME OF INJURY Month, Day. Year 20d. INJURY OCCURRED Hour o. m. Post	(assiry) (araic)
mail 10 Eq OO 11 Cq	L.D., at t
1145/4	l last saw the decease
alive an M, fram the causes and an ADDRESS (Street, city or town, state)	DATE SIGNI
SIGNATURE Morras K. Maggocco M.D. 320 Montgomery, LAURE	L. Mo.
)-1-14
PHYSICIAN'S THOMAS R. MAZZOCCO	
220. BURIAL CREMATION, 120. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Town, or county)) (State)
Bunal July 14 195# St Mays Cem. Land 7	Raudand
23. FUNTRAL DIRECTOR'S SIGNATURE) ADDRESS ADDR	SIGNATURE
New It Handhan Karrel My DATE JUL 1 6 '58 Winter	LLAK

